

# **FAMILY CHILD CARE HOME**

## **REGULATIONS FOR CERTIFICATION**



**STATE OF RHODE ISLAND**

**DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES**

**2006**

**RI Department of Children, Youth and Families**  
**Family Child Care Home Regulations for Certification**  
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# Family Child Care Home Regulations

## SECTION ONE - GENERAL PROVISIONS

### I. LEGAL BASIS

Rhode Island General Law (RIGL) 42-72.1 – Licensing and Monitoring of Child Care Providers and Child-Placing Agencies  
RIGL 42-72-5 – Department of Children, Youth and Families (Power and Scope of Activities)  
RIGL 40-13.2 – Certification of Child Care and Youth Serving Agency Workers

### II. DEFINITION

A Family Child Care Home means any home other than the child's home in which child care, in lieu of parental care and/or supervision, is offered at the same time to four (4) or more children who are not relatives of the care giver. These programs shall be certified by the Department of Children, Youth and Families (DCYF) in accordance with Chapter 42-72.1 of the General Laws of Rhode Island. Issuance of Family Child Care Home Certification is based on compliance with the regulations contained in this document and upon evidence that the home meets the appropriate state fire and health codes. Certification is valid for a period of two years. Any person or persons who operate a Family Child Care Home as defined in Chapter 42-72.1-2 without certification shall be referred by the DCYF Day Care Licensing Unit to the Attorney General's Office for prosecution in accordance with Chapter 42-72.1-7.

## SECTION TWO - CERTIFICATION PROVISIONS

### I. APPLICATION PROCESS

- A. Orientation and Pre-service Training - An applicant interested in becoming a child care provider shall attend a DCYF Family Child Care orientation and complete an approved Family Child Care training program.
- B. Application - An application for certification shall be filed on the prescribed forms provided by the DCYF Day Care Licensing Unit. Every application for DCYF Certification to operate a family child care home shall be accompanied by a fee, established in RIGL 42-72.1-5, payable to the Rhode Island General Treasurer, in accordance with DCYF Licensing and Certification Fee Regulations. Proposed assistants and emergency assistants shall also file applications with the Department for their respective child caring duties.
- C. Medical Reference - At the time of application, the applicant, any proposed assistants and emergency assistants shall each file a statement signed by a licensed physician stating that he or she has had a medical examination within the past six months, is in good health and is able to care for children.
- D. Criminal Records Checks - The applicant, any proposed assistants and emergency assistants shall file notarized Criminal History Affidavits and undergo statewide and nationwide criminal records checks, including fingerprinting. All members of the applicant's household must undergo a statewide criminal records check through the Attorney General's Bureau of Criminal Identification. Criminal records checks are completed in accordance with DCYF Policy 900.0040: Criminal Records Checks, which includes the ***Criminal Record Checks Addendum, Disqualifying Information***, a listing of criminal offenses that disqualify an individual, who has been arrested and convicted or arrested pending disposition for one of the listed offenses, from seeking employment in a

child care facility. Results of all required criminal records checks must be received prior to certification for operator and household members and prior to employment for assistants and emergency assistants. Day Care Licensing Supervisor will review all results indicating any criminal history (disqualifying and non-disqualifying information) and based upon such screening and review, an applicant may be denied certification at the discretion of the Day Care Licensing Supervisor.

- E. DCYF Records Clearance - The applicant, members of the applicant's household and any proposed child care assistants and emergency assistants must undergo a DCYF records check in accordance with DCYF Policy 700.0105: Clearance of Agency Activity, which includes the Clearance of Agency Activity-Addendum, Disqualifying Information, a listing of indicated allegations of child abuse and/or neglect that disqualify a person from operating or seeking employment in a child care facility. Day Care Licensing Supervisor will review all results indicating any agency history (disqualifying and non-disqualifying information) and based upon such screening and review, an applicant may be denied certification at the discretion of the Day Care Licensing Supervisor.
- F. Employment History Verification - The applicant, any proposed assistants and emergency assistants shall file notarized Employment History Affidavits in accordance with DCYF Policy 900.0035: Employment Background Checks Facility Operators/Facility Employees.
- G. Fire and Health Inspections - The applicant's home where the child care will be provided shall be approved by a duly authorized fire inspector as being in compliance with the applicable section of the State Fire Code and by the Health Department as being in compliance with applicable health and safety standards.
- H. Certification Inspection - Prior to the issuance of certification, an inspection visit will be made to the applicant's home where the child care will be provided in order to determine compliance with these regulations.

## **II. CERTIFICATION**

- A. Certification shall be issued upon successful completion of the certification process and shall be valid for a period of two (2) years.
- B. Certification is issued to a designated individual, limited to the named location and is not transferable.
  - 1. Provider shall notify the Department at least thirty (30) days prior to any change of address.
  - 2. Provider shall notify the Department immediately of any change in telephone number.
- C. Certification entitles the DCYF Director or designee and the Child Advocate or designee to be given the right of entrance, the privilege to inspect and access to all records in order to ascertain compliance with regulations and to investigate complaints.

## **III. VOLUNTARY CERTIFICATION**

Any person intending to provide care for fewer than four (4) unrelated children for any part of a twenty-four (24) hour day may apply to the Department for voluntary certification.

## **IV. VARIANCE**

The DCYF Licensing Administrator may allow a variance to a regulation upon the submission of a written request for variance and supporting documentation as deemed necessary, providing that the variance in no way jeopardizes the health, safety and well-being of the children in care.

## **V. DENIAL, REVOCATION OR SUSPENSION OF CERTIFICATION**

- A. Certification may be denied or revoked for the following reasons:
1. Provider, assistant, emergency assistant or other permanent member of the provider's household has been indicated for child abuse or neglect.
  2. Children in the care of the provider, assistant or emergency assistant have been adjudicated dependent, wayward, disobedient, delinquent or chronically truant.
  3. Provider, assistant or emergency assistant has a documented history of chemical or alcohol abuse within the past seven years.
  4. Provider, assistant or emergency assistant fails to comply with duly promulgated family child care home regulations.
  5. Provider, assistant or emergency assistant fails to cooperate with the Department in determining whether regulations have been met.
  6. Provider, assistant, emergency assistant or other adult member of the provider's household has been convicted of, or is serving an active probationary sentence for, a disqualifying criminal offense.
  7. Provider, assistant or emergency assistant has failed to comply with duly promulgated rules or engaged in fraudulent or other unlawful acts while acting as an agent of, or participating in, any other state or federally funded program.
- B. If the Licensing Administrator finds that the public health, safety or welfare requires emergency action and the Department incorporates such findings in an order, the Department may order summary suspension of the license/certification or curtailment of activities as enumerated above, pending proceedings for revocation or other action in accordance with RIGL 42-35-14(c).

## **VI. PROCEDURE FOR HEARING/APPEAL**

All administrative hearings/appeals relating to licensing/certification actions shall be held in accordance with DCYF Policy 100.0055, Complaints and Hearings.

## **VII. FOSTER CARE LICENSE AND FAMILY CHILD CARE CERTIFICATION**

- A. A family child care provider who has been certified for a minimum of one (1) year and is in good standing will be permitted to apply for a Foster Care License.
- B. The decision to issue a Foster Care License is made by the Licensing Administrator after consideration of the following factors:
1. A review of the applicant's child care record to identify any violation of regulations or involvement as a perpetrator in a Child Protective Services investigation
  2. A completed Foster Care home study, including an assessment of the applicant's:
    - a. Motivation to foster
    - b. Ability to handle the dual role of foster parent and child care provider
    - c. Ability to assist a foster child in understanding his or her role and place in the family and the child care setting
    - d. Willingness to restrict the total number of children in the home, including child care children, in accordance with prevailing regulations for Foster Care Licensing and Family Child Care Certification
  3. Successful completion of a pre-service training program for foster parents
- C. The following stipulations will apply when a provider is issued both a Foster Care License and Family Child Care Certification:
1. Foster care license will be limited with regard to the numbers and ages of foster children allowed.
  2. Foster children will be counted in determining the total number of child care children allowed in the home.
  3. Child care payment will not be made for foster/kinship children in the family child care home or in any other child care facility.

## VIII. CERTIFICATION RENEWAL

- A. Family Child Care Home Provider is required to do the following for renewal of certification:
1. Submit the application for renewal of certification to operate a family child care home accompanied by required fee (refer to SECTION TWO, I.B. above).
  2. Show evidence of current certification in CPR/First Aid training.
  3. Provide documentation regarding completion of General Equivalency Diploma (GED), if applicable (refer to SECTION THREE, II. A. below).
  4. Show evidence of liability insurance coverage for the child care program.
  5. Ensure that medical reference has been completed.
  6. Provide documentation that required training has been completed (refer to SECTION THREE, II.C. below).
  7. Provide documentation that the home has been tested for radon and found safe.
  8. Provide documentation that the home complies with recommendations developed pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and regulations developed in accordance with this statute.
  9. Provide results of fire inspection.
  10. Undergo a statewide criminal records check.
  11. Undergo a DCYF agency clearance.
- B. Assistant is required to do the following at the time of renewal of certification:
1. Submit renewal application.
  2. Ensure that medical reference has been completed.
  3. Show evidence of current certification in CPR/first aid training.
  4. Provide documentation that required training has been completed (refer to SECTION THREE, II.D. below).
  5. Undergo a statewide criminal records check.
  6. Undergo a DCYF agency clearance.
- C. Emergency Assistant is required to do the following at the time of renewal of certification:
1. Submit renewal application.
  2. Ensure that medical reference has been completed.
  3. Undergo a statewide criminal records check.
  4. Undergo a DCYF agency clearance.

## SECTION THREE - CERTIFICATION STANDARDS

### I. NUMBER OF CHILDREN IN CARE AND THEIR SUPERVISION

- A. A provider working alone may care for children in **one (1)** of the following ratios:
1. Two (2) children, birth to fifteen (15) months plus two (2) children, fifteen (15) months to six (6) years plus two (2) children age six (6) and above
  2. One (1) child, birth to fifteen (15) months plus one (1) child, fifteen (15) months to two (2) years plus three (3) children, two (2) years to six (6) years plus one (1) child six (6) and above
  3. Six (6) children over fifteen (15) months

	<u>6</u>	<u>6</u>	<u>6</u>
<u>0 - 15 mos.</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>15mos. - 2 yrs.</u>	<u>2</u>	<u>1</u>	
<u>2 yrs. - 6 yrs.</u>		<u>3</u>	<u>6</u>
<u>6 yrs. - 16 yrs.</u>	<u>2</u>	<u>1</u>	

B. A provider working with one (1) assistant may care for children in **one (1)** of the following ratios:

1. Six (6) children, birth to fifteen (15) months
2. Five (5) children, birth to fifteen (15) months plus two (2) children, fifteen (15) months to sixteen (16) years
3. Four (4) children, birth to fifteen (15) months plus four (4) children, fifteen (15) months to sixteen (16) years
4. Three (3) children, birth to fifteen (15) months plus five (5) children, fifteen (15) months to sixteen (16) years
5. Two (2) children, birth to fifteen (15) months plus six (6) children, fifteen (15) months to sixteen (16) years
6. One (1) child, birth to fifteen (15) months plus seven (7) children, fifteen (15) months to sixteen (16) years
7. Eight (8) children, fifteen (15) months to sixteen (16) years

	<u>6</u>	<u>7</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>
<u>0 - 15 mos.</u>	<u>6</u>	<u>5</u>	<u>4</u>	<u>3</u>	<u>2</u>	<u>1</u>	<u>0</u>
<u>15 mos. - 16 yrs.</u>	<u>0</u>	<u>2</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>7</u>	<u>8</u>

C. A provider working with two (2) assistants may care for additional children under the age of fifteen (15) months in one (1) of the following ratios:

1. Eight (8) children, birth to fifteen (15) months
2. Seven (7) children, birth to fifteen (15) months plus one (1) child, fifteen (15) months to sixteen (16) years
3. Six (6) children, birth to fifteen (15) months plus two (2) children, fifteen (15) months to sixteen (16) years
4. Five (5) children, birth to fifteen (15) months plus three (3) children, fifteen (15) months to sixteen (16) years.

	<u>8</u>	<u>8</u>	<u>8</u>	<u>8</u>
<u>0 - 15 mos.</u>	<u>8</u>	<u>7</u>	<u>6</u>	<u>5</u>
<u>15 mos. - 16 yrs.</u>	<u>0</u>	<u>1</u>	<u>2</u>	<u>3</u>

D. How to determine the maximum number of children for certification when there are children living in the home:

1. Children under six (6) years of age who live in the home shall be counted in determining the maximum number for certification.
2. More than two (2) children between six (6) and twelve (12) years of age who live in the home and are present for four (4) consecutive hours or more during the period that child care is provided shall be counted in determining the maximum number for certification. Exceptions may be made for snow days, sick days, holidays and one week school vacations.
3. To determine the adult/child ratio, children of assistants shall be counted in the appropriate age groups when in care in the home.

E. Provider Time Out of the Home

1. Without an approved assistant, a provider shall be on the premises, directly supervising the children, at all times when children are in care.
2. If provider has an approved assistant, provider may be out of the home 20% of the total work week (20% of forty (40) hours = eight (8) hours per week), not to exceed fifteen (15) hours, leaving the children under the direct supervision of the assistant.
3. Provider may be out of the home due to health related appointments or classes/training related to child care that cannot be scheduled when child care is not being provided. A provider who chooses this option shall comply with the adult/child ratios as stated in A through C above. The provider shall have the appropriate number of assistants to meet the required ratios.

4. When a provider will be out of the home, the parents/guardians of the children in care shall be notified and provided with the names of the approved assistants who will be caring for the children.
- F. Provider shall be responsible for the supervision of assistants and shall ensure that assistants are directly involved with the care of the children.
- G. Provider shall have a plan for handling emergencies and shall have at least two (2) individuals, who have been approved as emergency assistants, readily available to be called upon for child care assistance in the event of an emergency. At least one emergency assistant shall be no more than ten (10) minutes away from the child care home.
  1. If a provider utilizes another provider as an emergency assistant, he/she shall maintain the adult/child ratios as stated in A through C above.
  2. An emergency is defined as an unplanned absence from the home because of illness or accident. It is meant to be of short duration, generally lasting no more than a few hours, but shall not extend beyond three (3) consecutive working days.
  3. Provider shall notify the Department of any change in emergency assistants.
  4. Provider shall inform the parents/guardians of the children in care of the names of the emergency assistants.
- H. Provider shall work no more than fifteen (15) hours in a twenty-four (24) hour period, including child care and any other employment. The provider shall be awake during the hours that child care is being provided.
- I. Children shall be under the direct supervision of the provider and/or assistant(s) at all times. The provider and/or assistant(s) shall supervise all aspects of the program, including toileting, resting or sleeping, eating and outdoor play.
  1. Children shall not be under the care or supervision of family members who have not been approved as assistants or emergency assistants.
  2. Children shall not be under the care or supervision of a visitor nor shall they be left alone with a visitor.

## **II. QUALIFICATIONS OF PROVIDER AND ASSISTANTS**

- A. Requirements for Providers
  1. Provider shall be at least twenty-one (21) years of age and shall show evidence of having successfully completed the following:
    - a. High school diploma or GED (**Individuals holding a Family Child Care Home Certification issued prior to the effective date of these regulations shall not be subject to this requirement.**)
    - b. Current certification in CPR and First Aid
    - c. Certificate of completion of an approved Family Child Care Training Program
    - d. Certificate of completion of DCYF orientation to Family Child Care
  2. Provider shall complete a minimum of one (1) hour per month or twenty-four (24) hours of training (excluding CPR and First Aid) every two (2) years.
    - a. The provider shall be responsible for maintaining documentation of completed training hours.
    - b. Training shall be in areas relevant to the care of young children and shall be directed towards transferable skills rather than program specific knowledge. Training should cover a variety of subject areas, such as health, safety and nutrition, communication with parent/guardian, child development, infant care and development, developmentally appropriate activities and child abuse and neglect.

- c. Training may consist of workshops, seminars, presentations, speaking programs, conferences, telecourses, college courses, CDA training, related readings or television/video programs, correspondence courses, mentoring experiences, association meetings with training components or collaborative experiences with other agencies.

B. Requirements for Assistants

- 1. Assistant shall be at least eighteen (18) years of age and shall show evidence of having current certification in CPR and First Aid.
- 2. Provider shall orient a new assistant within the first week of work in the family child care home. The orientation shall include a review of:
  - a. Family Child Care Home Regulations
  - b. State law governing child abuse and neglect
  - c. Policy and procedures and other information specific to the operation of the child care home
- 3. Assistant shall complete a minimum of sixteen (16) hours of training (excluding CPR and First Aid) every two (2) years.
  - a. Provider shall be responsible for maintaining documentation of assistant's completed training hours.
  - b. See Section A. 3.c. above for acceptable subject areas and types of training.

C. General Physical and Mental Health Requirements

- 1. Provider, assistants and emergency assistants shall be in good physical, mental and emotional health.
- 2. Household members shall be in good mental and emotional health.
- 3. The physical health of household members shall not interfere with the provider's child caring responsibilities.

D. Specific Health Requirements

- 1. At the time of application and upon renewal, the provider, assistants and emergency assistants shall file statements from licensed physicians that they have had medical examinations within the past six months, are in good health and are able to care for children.
- 2. Female providers of childbearing age shall have a rubella (german measles) susceptibility blood test or show proof of immunity by previous testing or produce a record of having received rubella vaccine.

E. Use of Alcohol or Other Drugs

- 1. Provider, assistants and emergency assistants shall not drink alcoholic beverages or take illegal or tranquilizing drugs while providing child care, nor shall they be in an intoxicated or drugged condition while providing child care.
- 2. Household members shall not drink alcoholic beverages in the presence of children in care.

F. Smoking

- 1. No person shall smoke, or otherwise use tobacco products within the household or outdoor play area of a family child care home, or within twenty-five (25) feet of the home or outdoor play area, while children are in care. Smoking shall not occur in any area on the grounds or premises within the children's view during the time when child care is being provided.
- 2. Smoking may be permitted when child care is not being provided. If smoking occurs in the home when children are not in care, the provider shall notify the parent/guardian of each child that smoking routinely occurs in the home during hours when the child care program is not in operation.

### **III. PHYSICAL SPACE AND HOME SAFETY**

A. Overall Condition of Family Child Care Home

1. The home shall be maintained in compliance with all applicable state and local codes.
2. The home shall be maintained in good repair and in a clean, sanitary, hazard-free condition.
3. The home shall be kept free from rodent and insect infestation.

B. Radon Safety

1. Providers shall show evidence that the home has been tested for radon and has been found to be radon safe.
2. Retesting shall be done every three (3) years in accordance with the Rules and Regulations for Radon Control issued by the Rhode Island Department of Health.

C. Lead Paint Safety

1. There shall not be any peeling or damaged paint or plaster in any area of the Family Child Care Home, either interior or exterior.
2. The Family Child Care Home serving children under the age of six (6) years shall comply with rules and regulations promulgated by the Rhode Island Department of Health pursuant to RIGL 23-24.6-14 (Lead Poisoning Prevention Act) and shall comply with recommendations resulting from lead inspections conducted pursuant to the above referenced statute and regulations.

D. Indoor Space - There shall be sufficient indoor space to allow for thirty-five (35) square feet of space per child in care.

E. Use of Basements/Cellars for Child Care

1. Children shall not be cared for in the cellar or basement area of a home unless there are two (2) exits from the area, one of which shall be a door leading directly to the outside. Bulkheads and overhead garage doors are not acceptable exits.
2. Basements shall not be used for sleeping unless the boiler/furnace room is constructed to provide a one hour fire rating. This would include fire-rated sheet rock on the walls and ceiling and a fire rated door. The term basement includes all areas that are more than 50% below ground level.

F. Outdoor Play Areas

1. Provider shall identify an area or areas for outdoor play which shall be safe, protected and free from hazards such as access to the street, debris, broken glass, animal waste, peeling paint, tools and construction materials, open drainage ditches, wells, holes and bodies of water. A fence or barrier shall be required for outdoor play area.
2. Outdoor porches above the first floor shall not be used as play areas unless they are fully enclosed and structurally sound.
3. Outdoor porches and decks at the first floor level, used as play areas, shall be enclosed with a minimum of a four (4) foot railing and the slats shall be no more than 3 ½ inches apart. There shall be a gate that is kept securely fastened at the entry to any steps or stairways.
4. Provider or assistant(s) shall directly supervise outdoor play at all times.

G. Bathroom and Toileting

1. The family child care home shall have a minimum of one (1) toilet and hand washing sink located in the bathroom. The bathroom shall be located in an area that is readily available to the children in care. Locks on bathroom doors should not be within the reach of children or, if they are, the provider shall have a key readily accessible.

2. When training chairs are used for toilet training, they shall be emptied and sanitized after each use. Training chairs shall not be considered a substitute for the required toilet.
3. Toilets and training chairs shall be located in rooms separate from those used for cooking and/or eating.

#### H. Hand Washing

1. All staff, volunteers and children shall wash their hands with liquid soap and warm running water.
2. Hands shall be dried with disposable towels or individual hand towels that are laundered daily.
3. Hands shall be washed upon arrival for the day or when moving from one child care group to another.
4. Hands shall be washed before and after:
  - a. Eating, handling food or feeding a child
  - b. Providing medication
  - c. Playing in water that is used by more than one person
5. Hands shall be washed after:
  - a. Diapering, using the toilet or helping a child use a toilet
  - b. Handling bodily fluid (mucus, blood, vomit) from sneezing, wiping and blowing noses, from mouths, or from sores
  - c. Handling uncooked food, especially raw meat and poultry
  - d. Handling pets and other animals
  - e. Playing in sandboxes
  - f. Cleaning or handling garbage

#### I. Diaper Changing Area

1. There shall be a diaper changing area that is separate and apart from kitchen counters and dining tables.
2. A sink with hot and cold running water for hand washing shall be accessible to the diaper changing area. Hands shall be washed with liquid soap and warm running water before and after each diaper change. Non-latex vinyl gloves shall be used for personal protection during diaper changing, but shall not take the place of hand washing.
3. The diaper changing area shall be cleaned and sanitized after each use. A disinfectant solution of ¼ cup of bleach to one (1) gallon of water or an EPA approved sanitizing agent shall be kept readily available in a spray bottle for this purpose. The bottle shall be clearly labeled and kept out of reach of children. In order to be effective, the disinfectant solution should be allowed to air dry or at least sit on the surface for two (2) minutes before wiping. If a bleach solution is used, it shall be changed daily as it only remains effective for twenty-four (24) hours.

#### J. Hot and Cold Running Water

1. There shall be hot and cold running water available for the care of the children.
2. The home's domestic hot water system and hand washing sinks shall be set no higher than 120 degrees F.
3. If the water supply is not from a public source, it shall be tested for potability.
4. Water testing shall be done at time of certification and every two (2) years after, upon renewal.

#### K. Heating System

1. The family child care home shall have a heating system capable of maintaining a minimum temperature of 65 degrees in all areas accessible to the children.
2. All heating equipment shall have the proper controls for controlling the temperature, ignition and safety. Also an auxiliary switch wired to a position that

- is remote from the boiler/furnace area is required in order to shut off the boiler/furnace without entering a danger area in the event of a fire.
3. All heating elements, including hot water pipes, wood stoves, electric space heaters and radiators in areas used by children shall be insulated, protected, or barricaded so that they will not be a danger to the children and will not be a fire hazard. Asbestos insulation covering any pipes or heating elements shall be intact and properly sealed.
  4. Fireplaces shall be securely screened or equipped with protective guards at all times.
- L. Smoke and Carbon Monoxide Detectors and Fire Extinguishers
1. The family child care home shall have approved smoke detectors located outside sleeping areas in the immediate vicinity of bedrooms. Bedrooms, or sleeping rooms, separated by other use areas, such as kitchen or living rooms, but not bathrooms, shall require a separate detector. In basements or cellars, smoke detectors shall be located at the top of the stairway.
  2. The home shall be equipped with a carbon monoxide detector.
  3. There shall be a five (5) pound, ABC fire extinguisher located in the kitchen area.
- M. Humidifiers, Dehumidifiers and Vaporizers
1. Humidifiers, dehumidifiers and vaporizers shall be kept out of reach of children and used and maintained according to manufacturers' directions.
  2. Parents/guardians shall be notified when such appliances are used in the family child care home.
- N. Electrical Outlets
1. Every electrical outlet within the children's reach shall be covered with a choke proof, child resistant device while not in use.
  2. Electrical cords shall not be frayed or damaged.
  3. Electrical cords shall be taped or fastened so that they are not a hazard to children.
  4. Electrical outlets shall not be overloaded.
  5. The use of electrical extension cords is prohibited.
- O. Candle Use and Flashlights in Emergency Situations
1. Provider shall have a flashlight, in working condition, readily available for use in the event of a power failure or other emergency situation.
  2. In emergency situations, candles and oil lamps shall not be used as a lighting source.
  3. Candles burned for other purposes shall be kept out of reach of children, used in a safe manner and not be left unattended.
- P. Window Blind Cords – Window blind cords shall be secured, out of the reach of children, to prevent strangulation.
- Q. Firearms
1. All firearms shall be registered with the appropriate authorities.
  2. Firearms shall be stored, unloaded and under lock, in a place which is inaccessible to children.
  3. Ammunition shall be stored separately under lock.
- R. Swimming Pools
1. Swimming pools shall be securely fenced to prevent access by the children.
    - a. The fence shall be at least six (6) feet high with a locked gate.
    - b. Above ground pools may have a four (4) foot fence extension along the outer rim of the pool, provided that the ladder leading to the pool folds up and locks into place and the height from the ground is at least six (6) feet.

2. Pools, including wading and inflatable pools, shall only be used under the supervision of the provider or assistant(s).
3. Pools without a filtration system must be emptied and disinfected after each use.
4. Provider shall obtain written permission from parent/guardian prior to taking a child into a pool.

S. Telephones and Emergency Numbers

1. There shall be a working telephone, other than a pay phone or cell phone, in the child care area. The phone shall be kept in working order and shall be readily available for use in case of an emergency.
2. Emergency phone numbers, including 911, local fire and police departments, emergency room or hospital, family physician and poison center shall be posted in a conspicuous place, adjacent to each phone in the child care area.
3. The names and phone numbers of parents/guardians and emergency contact persons for each child in care shall be kept adjacent to each phone in the child care area.

T. First Aid and Communicable Diseases

1. Provider shall have written instructions relating to first aid and communicable diseases readily available in the child care area.
2. There shall be a first aid kit in the home that shall be located out of reach of the children, but shall be readily accessible to the provider and assistant(s) in the event of an emergency.
3. The first aid kit shall contain no less than:
  - a. Adhesive bandages
  - b. Disposable nonporous gloves
  - c. Sealed packages of alcohol wipes or antiseptic
  - d. Scissors, tweezers, thermometer, bandage tape and safety pins
  - e. Sterile gauze pads
  - f. Flexible roller gauze
  - g. Triangular bandages
  - h. Eye dressing
  - i. Cold pack
4. Syrup of Ipecac shall not be used to induce vomiting and shall not be included in a first aid kit or available for use by a family child care home provider.
5. The first aid kit shall be restocked after use.
6. The first aid kit shall be taken on field trips and outings away from the home.

U. Emergency Evacuation Plan

1. Provider shall have an emergency plan for evacuating the children from the home in case of fire or other disaster.
  - a. The emergency plan shall include two (2) means of exiting the home.
  - b. Assistants and emergency assistants shall have knowledge of and be able to implement this plan.
  - c. A graphic evacuation plan shall be posted in each room where child care is provided.
2. Practice evacuation drills shall take place once a month. Both obstructed and unobstructed drills shall be conducted. A record of such drills shall be maintained.

V. Storage of Drugs, Medicines and Other Dangerous Substances

1. Drugs and medicines shall be stored in a clean, dry area, out of reach of children, or in a locked cabinet, in their original containers. Storage shall be separate from any items that attract children such as food or candy.
2. Cleaning materials, detergents, aerosol cans, matches and other substances that could be a danger to children shall be stored out of reach of children or in a locked cabinet, in their original containers, and used in such a way that shall not

contaminate play surfaces, food or food preparation areas, or generally constitute a hazard to children.

W. Food Storage

1. Food shall be properly stored, covered and/or refrigerated.
2. The refrigerator temperature shall be maintained at 45 degrees F or less and the freezer temperature at 0 degrees or less.

X. Stairways

1. Stairways that are used by children shall have a railing at the children's height.
2. Stairways shall be well lighted and kept clear of obstructions.
3. In homes where children under three (3) years of age are in care, there shall be a gate which is kept securely fastened at the entry to any stairway accessible to children.

Y. Ventilation, Glass Doors and Windows

1. Each room used by children shall have sufficient ventilation and lighting.
2. Clear glass doors shall be clearly marked at children's eye level.
3. All doors and windows which are used for ventilation shall be securely screened.
4. If windows above the first floor are used for ventilation, they shall be opened from the top or secured with safety guards.

Z. Animal Safety

1. All pets, including dogs, cats and other domestic animals, shall be kept in a safe and sanitary manner and in accordance with state and local requirements.
2. All animals maintained on the premises shall have up-to-date rabies and other vaccinations as required.
3. Children shall, according to their ages and functioning levels, be protected from pets which are potentially dangerous to their health or safety.
4. Pets shall not be abused or threatened in the presence of children.
5. Provider shall notify parents/guardians of the presence of any pets in the home.

## IV. HEALTH AND NUTRITION

A. General Health Examinations

1. Physical Examination Form - Prior to enrollment and annually thereafter, the Family Child Care Home Provider shall obtain from the parent/guardian a statement that the child has had a physical examination signed by a licensed health care provider (physician, physician assistant, certified registered nurse practitioner, other licensed practitioner acting within his/her scope of practice) that the child has had an age appropriate history and physical examination, assessing the health and well being of the child and indicating any allergies, conditions, or handicaps affecting the child's general health that might require special care.
2. Immunizations - The physical examination form shall include evidence that the child is age appropriately immunized against diphtheria, tetanus, pertussis, poliomyelitis, measles, mumps, rubella, Haemophilus influenzae type b, hepatitis B, varicella (chickenpox), and pneumococcal disease, in accordance with rules and regulations promulgated by the Rhode Island Department of Health relating to immunization and testing for communicable disease.
3. Exemptions to Immunization Requirements - A child may only be permanently exempt from the immunization requirements for either of the two (2) reasons stated below:
  - a. The child's health care provider has signed the Rhode Island Department of Health's *Medical Immunization Exemption Certificate* attesting that the child is exempt from a specific vaccine because of medical reasons.

- b. The parent/guardian has signed the Rhode Island Department of Health's *Religious Immunization Exemption Certificate* attesting that immunization conflicts with the tenets of their religious beliefs.
- 4. Lead Screening - The physical examination form shall include evidence that the child has been screened for lead poisoning in accordance with the rules and regulations promulgated by the Rhode Island Department of Health pursuant to RIGL 23-24.6 (Lead Poisoning Prevention Act).
- 5. Exemption to the Lead Screening Requirement - The lead screening requirements shall not apply if the child's parent/guardian signs a sworn statement indicating that lead screening is contrary to his/her religious tenets and practices.
- B. Emergency Treatment Form
  - 1. Provider shall have an Emergency Treatment Form for each child in care that is signed by the parent/guardian and notarized. This form shall be kept on file for use in the event of an emergency. It shall be taken on field trips and outings away from the home.
  - 2. Parent/guardian shall identify two persons who can be contacted in the event of an emergency if parent/guardian is unreachable. This information shall be reviewed with parent/guardian every three (3) months in order to update any changes.
- C. Administration of Medication
  - 1. Provider shall not administer medication to a child without written authorization from parent/guardian.
  - 2. Prescription medication shall not be administered to a child without the written order of a physician. A labeled prescription bottle with the child's name, current date and dosage shall be considered acceptable.
  - 3. Non-prescription or homeopathic medication shall not be administered to a child under two (2) years of age unless prescribed by a physician.
  - 4. Non-prescription or homeopathic medication shall not be administered to a child over two (2) years of age for longer than three (3) days without the written authorization of a physician.
  - 5. Provider shall maintain a written record of every medication administered, both prescription and non-prescription. This record shall include:
    - a. Child's name
    - b. Name and dosage of medication administered
    - c. Date and time administered
    - d. Initials of the provider or assistant administering the medication
- D. Child Exhibiting Symptoms of Illness
  - 1. A child exhibiting any of the following symptoms or signs of illness shall be excluded from child care until an assessment has been completed by a physician or health care provider:
    - a. For an infant under four (4) months of age, an axillary temperature (armpit) above 100 degrees is considered a fever. An infant under four (4) months of age who has a fever, even without any other signs of illness, should be excluded from the child care and the parent/guardian should be encouraged to seek medical attention.
    - b. For children, a fever is defined as an oral temperature above 101 degrees or an axillary (armpit) temperature above 100 degrees. It is the general recommendation that a child be excluded for a fever when behavior changes, signs, or symptoms of illness that require further evaluation accompany it.
    - c. Diarrhea is defined by more watery stools, a decreased form of stools not associated with dietary changes, and increased frequency of passing stool, that is not contained by the child's ability to use the toilet. A child

with diarrheal illness of an infectious origin may be allowed to return once the diarrhea resolves unless the infectious agent was Salmonella, Shigella, or E. Coli. These require negative stool cultures before return. Contact the Rhode Island Department of Health with any questions.

- d. Blood in the stools not explainable by dietary change, medication, or hard stools.
- e. Vomiting (two (2) or more episodes of vomiting in the previous twenty-four (24) hours). Exclude until vomiting resolves or until a health care provider determines that the cause of the vomiting is not contagious and the child is not in danger of dehydration.
- f. Persistent abdominal pain (continues more than two (2) hours) or intermittent pain associated with fever or other signs and symptoms.
- g. Mouth sores with drooling, unless the health care provider determines that the child is non-infectious.
- h. Rash with fever or behavior change, until a physician determines that these symptoms do not indicate an infectious disease.
- i. Purulent conjunctivitis (pinkeye: accompanied by white or yellow eye discharge) until after treatment has been initiated.
- j. Head lice, until after treatment.
- k. Scabies, until treatment has been initiated.
- l. Tuberculosis, until a health care provider or health official states that the child is on appropriate therapy and can attend child care.
- m. Impetigo, until twenty-four (24) hours after treatment has been initiated.
- n. Strep throat or other streptococcal infection, until twenty-four (24) hours after initial antibiotic treatment and cessation of fever
- o. Chickenpox, until all sores have crusted over (usually six (6) days)
- p. Pertussis, until five (5) days of appropriate antibiotic treatment has been completed
- q. Mumps, until nine (9) days after onset of parotid gland swelling
- r. Hepatitis A virus, until one (1) week after onset of illness, jaundice, or as directed by the health department
- s. Measles, until four (4) days after onset of rash
- t. Rubella, until six (6) days after onset of rash
- u. Unspecified respiratory tract illness
- v. Shingles
- w. Herpes simplex
- x. The illness prevents the child from participating comfortably in activities as determined by the child care provider.
- y. The illness results in a greater need for care than the child care staff can provide without compromising the health and safety of the other children as determined by the child care provider.
- 2. Documentation of the health assessment shall be maintained on file in the child's record. A note signed by the child's parent/guardian that includes the date, time, results of the assessment and name of the health care provider consulted shall be considered acceptable documentation.
- 3. Provider shall not re-admit a child who has been placed on an antibiotic or other prescription medication until the child has been on the medication for at least twenty-four (24) hours. The decision to care for a child who is ill or to re-admit an ill child shall be made by the provider after evaluating the child's history, symptoms and general condition.

E. Child with Parasite Infection

- 1. A child exhibiting signs of a parasite infection, such as scabies or head lice, shall be excluded from the home until treated.
- 2. Provider shall notify parents/guardians of all the children in care of possible parasite infestation.

3. Provider shall disinfect the home by cleaning all articles that may contain lice or nits such as clothes, towels and bed linens. These should be washed in hot water and detergent, or dry cleaned. Rugs, carpeting and upholstery shall be vacuumed.
- F. Reporting Communicable Diseases
1. Family Child Care Home Provider shall report communicable diseases in accordance with the DOH *Rules and Regulations Pertaining to the Reporting of Communicable, Environmental and Occupational Diseases*.
  2. It is particularly important to report clusters or outbreaks of infectious diseases as outlined in the reporting regulations.
  3. Family Child Care Home Provider shall notify all parents/guardians whenever a reportable communicable disease has been introduced into the home.
- G. When a Child Becomes Ill in Care
1. Provider shall notify the parent/guardian immediately when a child becomes ill while in care.
  2. Provider shall furnish special care for an ill child, including a comfortable resting space in a quiet area away from other children, within sight of the provider or assistant.
- H. Caring for Child with Handicapping Condition or Special Needs
1. When a child with a handicapping condition or special needs is accepted for care, the provider shall obtain from the parent/guardian written recommendations for any specialized care that the child may require. These recommendations shall come from or be endorsed by the child's physician or other authorized professional who has evaluated or treated the child.
  2. Care provided to children with special needs shall be in accordance with the child's Individualized Educational Plan (IEP) or the Individualized Family Service Plan (IFSP).
- I. Snacks and Meals
1. Provider shall serve nutritional mid-morning and mid-afternoon snacks and nutritional meals to the children in care in accordance with the child care component of the USDA Child and Adult Care Food Programs (CACFP).
  2. When parents/guardians provide snacks or other meals, the provider shall monitor the food to ensure nutritional value. Provider shall provide parents/guardians with written guidelines for meals and snacks and suggest how they can assist the provider in meeting these guidelines.
  3. Whenever possible, the provider shall sit and eat with the children.
- J. Beverages – Provider shall offer age-appropriate beverages as defined below:
1. Infants (birth through 12 months)
    - a. Either breastmilk or iron-fortified infant formula or portions of both, must be served for the entire first year.
    - b. Juice shall not be offered to infants until they are six months of age and ready to drink from a cup. The provider should offer not more than 4 ounces of 100% fruit juice per day. Juice should be offered at either a meal or a snack instead of continuously throughout the day all meals. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.
  2. Toddlers 12months through 24 months
    - a. Only whole pasteurized milk should be served to children between the ages of 12 and 24 months. The provider shall not serve skim or nonfat, lowfat (one percent or two percent) to any child between 12 and 24 months.

- b. Juice – The provider should offer not more than 4 ounces of 100% fruit juice per day. Juice should be served from a cup and should be offered at either a meal or a snack instead of continuously throughout the day all meals. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.
        - c. The provider shall have drinking water readily available to the children during the time that they are in care.
  - 3. Children 2 years and older
    - a. Children 2 years and older should be served skim or nonfat milk or lowfat milk (one percent or two percent fat milk).
    - b. Juice – The provider should offer not more than 6 ounces of 100% fruit juice per day. Juice should be served from a cup and should be offered at either a meal or a snack instead of continuously throughout the day all meals. Fruit drinks or punch, soda, and other sugar-sweetened beverages are not allowed.
    - c. The provider shall have drinking water readily available to the children during the time that they are in care.

## **V. ACTIVITIES, MATERIALS AND EQUIPMENT**

### **A. Activities**

- 1. Provider shall spend time directly involved in activities that center on the developmental needs, interests and strengths of the children in care.
- 2. The focus shall be toward developmentally appropriate practices, incorporating child-centered, child-initiated and provider-guided play activities.

### **B. Learning Environment - The learning environment in the home shall be designed to provide the children with opportunities to learn through active exploring, interacting with other children and adults and with the materials provided.**

### **C. Daily Routine and Scheduling**

- 1. Provider shall have a written plan of activities and routines that meet the developmental, cultural, and individual needs of the children in care.
- 2. The daily routine shall include all of the following:
  - a. Active and quiet play
  - b. Indoor and outdoor play as weather permits
  - c. Age appropriate health routines such as toileting, hand washing, tooth brushing, resting or sleeping and eating.

### **D. Indoor and Outdoor Play Materials and Equipment**

- 1. Provider shall have available an adequate variety of materials for indoor and outdoor play appropriate to the age, number, growth and developmental needs of the children in care such as art supplies (paints, crayons, paste, scissors), blocks and block accessories, books, large muscle equipment (wheel toys, climbers, balls), manipulative toys (busy-boxes, puzzles, small building sets), musical equipment (rattles, instruments, audiotapes) and dramatic play materials (dress-up clothes and puppets).
- 2. A variety of materials shall be accessible to the children to promote exploration. Materials that require supervision shall be stored out of reach of children.
- 3. Television/video viewing shall be limited, and when utilized shall be appropriate for the age and developmental level of the children in care.
- 4. All equipment and materials shall be free from hazards such as lead paint, insects, protruding nails or rust that may be dangerous to children and shall be kept clean and in good repair.
- 5. Infants and toddlers shall be protected from objects that could be swallowed.
- 6. The use of walkers with wheels is prohibited.
- 7. Toys that explode or shoot, such as caps, guns and darts shall not be allowed.

8. Balloons shall only be allowed for special occasions such as birthdays, and their use shall be under close adult supervision.
9. Outdoor sandboxes shall be kept covered when not in use.
10. Outdoor climbing equipment five (5) feet high or over shall have adequate cushioning underneath.
11. The use of trampolines is prohibited.
12. All equipment used for child care which is covered by federal regulations shall meet such regulations.
13. If children are taken to a public playground the provider shall be alert and aware of safety dangers such as peeling paint, uncovered sandboxes, debris and animal waste.

E. Sleeping/Resting Arrangements

1. There shall be regular periods of quiet activity or resting/sleeping appropriate to the needs of the children. There shall be an opportunity for children to rest for at least thirty (30) minutes, but no child shall be forced to sleep. For children who do not require sleep, time and space shall be provided for quiet play.
2. While resting or sleeping, children shall be directly supervised by the provider or an assistant who is on the same floor where the children are sleeping. Monitors shall not take the place of in-person supervision.
3. Lighting to permit appropriate supervision shall be provided in sleeping areas when children are sleeping, napping or resting.
4. Children under the age of one year napping in cribs shall be monitored by in-person checks at least every ten (10) minutes. The provider shall maintain a written record of crib checks for each child under the age of one (1) year.
5. To reduce the risk of Sudden Infant Death Syndrome, infants shall be placed on their backs to sleep unless there are medical orders or a written statement from the parent/guardian requiring alternative positioning.
6. Cribs shall have firm, well-fitting mattresses and crib sheets. Sheepskins, beanbags, waterbeds, comforters and pillows shall not be used.
7. Children shall have their own bedding and it shall be stored separately to prevent contamination.
8. Spaces between the upright slats in cribs shall not exceed 2 3/8 inches. There shall be no cutouts in crib headboards.
9. Children shall not be in cribs with bottles.
10. Children shall sleep or rest on cots, mats that are at least two (2) inches thick, couches or beds. Children shall not sleep or rest directly on the floor.
11. When mats are used for sleeping, they shall be cleaned weekly if not shared by children. If children share mats, they shall be cleaned between each use.

F. Toilet Training

1. Toilet training shall be an individual plan, based on the child's readiness and carried out in conjunction with the parent/guardian.
2. There shall be no routine attempt to toilet train any child under the age of twenty-four (24) months without consent of parent/guardian.

## **VI. BEHAVIOR MANAGEMENT**

A. Positive Behavior Management Techniques

1. Provider and assistants shall be positive role models for the children in care.
2. Provider and assistants shall use positive, consistent methods in guiding children back on task, shall encourage appropriate behavior and set clear limits and rules that children can understand.
3. Provider and assistants shall match their expectations with the developing abilities and capabilities of the children.
4. Provider and assistants shall praise the accomplishments of the children and encourage their attempts at tasks.

5. Provider and assistants shall use positive, firm limit setting in situations where a child's safety is at stake.
  6. Provider and assistants shall assist children by redirecting them from inappropriate actions to activities that are more favorable.
- B. Inappropriate Discipline
1. Provider and assistants shall not hit the children or engage in any form of corporal punishment.
  2. Children shall not be subjected to cruel or severe punishment, humiliation or verbal abuse.
  3. Children shall not be deprived of meals or snacks as a form of discipline.
  4. Children shall not be punished for toileting accidents or for soiling, wetting or not using the toilet during toilet training.
  5. Children shall not be subjected to excessive time out. Time out may not exceed one (1) minute for each year of the child's age and shall take place within the provider or assistant's view.
- C. Written Discipline Policy
1. Provider shall develop a written discipline policy that is consistent with the regulations.
  2. This policy shall be shared with the parent/guardian when the child is enrolled.
- D. Reporting Child Abuse and Neglect - Provider and assistants shall report any known or suspected child abuse or neglect to DCYF at 1-800-RI-CHILD in accordance with RI law 40-11-3 and DCYF Policy 500.0000, Reporting Child Abuse and/or Neglect to the Call Floor, which require that any person, who has reasonable cause to know or suspect that any child has been abused and/or neglected or has been a victim of sexual abuse by another child, must report this information to DCYF within twenty-four (24) hours.

## **VII. ADMINISTRATION**

- A. The family child care home shall be open to parents/guardians for visits whenever the program is in operation.
- B. A pre-admission interview shall be held with the parent/guardian to secure health and family history, to obtain background information on the child and his/her home, and to develop the child's program.
- C. Prior to the admission of a child, the provider shall obtain in writing from the parent/guardian the following information:
1. Child's full name, address and verified date of birth
  2. Name, address and phone number of the parents/guardians
  3. Address and phone number where the parents/guardians can be reached during the hours that the child is in care
  4. Names, addresses and phone numbers of two (2) relatives or friends who can be contacted in any emergency if parent/guardian cannot be reached
  5. Permission for the provider to act in an emergency (refer to SECTION THREE, IV. HEALTH AND NUTRITION, section B)
  6. Names and addresses of all persons who are authorized to take the child from the child care home
  7. Copies of any pertinent custody information or restraining orders
  8. Child's eating and sleeping habits, food preferences, allergies and any special medical or emotional problems
  9. Name of any health insurance plan and policy number under which the child is covered
- D. There shall be opportunities for the child and parent/guardian to visit the family child care home one or more times before enrollment.

- E. Communication with Parents/Guardians
1. Provider shall have a plan for communicating with parents/guardians. The plan may include means of communication such as conferences, handbooks, newsletters, bulletin boards and notes.
  2. When children under fifteen (15) months of age are in care, there shall be written daily communication that shall include references to the child's mood, health, feeding, sleeping, toileting and activities. Daily communication for children over fifteen (15) months may be verbal and should cover the same areas.
- F. Provider shall maintain a directory of professional community services and shall make relevant information available to parents/guardians as needed.
- G. Provider shall obtain written permission from the parent/guardian to take the child off the premises of the day family child care home. Such permission shall be obtained prior to the activity.
- H. Transportation of Children
1. Transportation of the children by the provider or assistants, including requirements for child restraint systems, shall follow the state laws and regulations of the Rhode Island Department of Transportation, Registry of Motor Vehicles and shall be covered by liability insurance.
  2. Children shall not be left unattended in a vehicle.
  3. Station wagon tailgates and rear windows shall be kept closed at all times when children are being transported.
- I. Provider shall have liability insurance covering the child care program.
- J. Provider shall not release a child to any parent/guardian or other person who appears to be under the influence of alcohol or drugs when that person is going to be transporting the child.
- K. Provider shall maintain a file for each child in care.
1. The file shall contain all information gathered on the child, including medical forms, emergency treatment forms, child care agreement with parent/guardian and permission forms.
  2. All information about a child in care shall be kept confidential and shall not be released to any person without the written permission of the parent/guardian.
  3. Files for all children in care shall be kept together in a place where they are readily accessible.
- L. Accident or Illness of Child in Care
1. Provider shall keep a written record of any accident or illness that occurs while the child is in care and shall include the record in the child's file.
  2. Provider shall notify the parent/guardian immediately in the event of an accident or other emergency requiring the child to have medical attention.
  3. Provider shall notify the parent/guardian of any accident occurring while the child is in care. Notification shall be given on the same day that the accident occurs.
- M. Family Child Care Certification and Regulations
1. Provider shall post the Family Child Care Home Certification in a prominent place in the home where it is visible to parents/guardians.
  2. Provider shall make the Family Child Care Home Regulations for Certification available to prospective parents/guardians and the parents/guardians of the children in care.
- N. Provider shall allow representatives from the Rhode Island Department of Children, Youth and Families and the Rhode Island Office of the Child Advocate entrance into the family

child care home at any time that child care is being provided. Department representatives and the Child Advocate or his/her designee shall be allowed to inspect the home to determine compliance with the Regulations and shall be allowed access to all records kept by the provider related to compliance with the Regulations for Certification.

O. Provider shall not discriminate in providing child care on the basis of race, religion, cultural heritage, sex, sexual preference, handicap or marital status of the parent/guardian.

P. Provider shall not advertise as a child care center, nursery school, pre-school or group child care home.

# **~~FAMILY DAY CARE HOME REGULATIONS~~**

## **~~REGULATIONS FOR LICENSURE~~**



### **~~STATE OF RHODE ISLAND DEPARTMENT OF CHILDREN, YOUTH AND FAMILIES~~**

**~~1990~~**

# ~~Family Day Care Home~~

## ~~Regulations for Certification~~

### ~~DEFINITION~~

~~A FAMILY DAY CARE HOME means any home other than the child's home in which child day care in lieu of parental care and/or supervision is offered at the same time to four (4) or more children who are not relatives of the care giver. These programs shall be certified by the Department for Children and Their Families in accordance with Chapter 42-721 of the General Laws of Rhode Island. Issuance of Family Day Care Home Certification is based on compliance with the regulations contained in this document and upon evidence that the home meets the appropriate state fire and health codes. Certification is valid for a period of two years. Any person or persons who operate a Family Day Care Home as defined in Chapter 42-721-2 without certification shall be referred by the Day Care Licensing Unit of the Department to the Attorney General's Office for prosecution in accordance with Chapter 42-721-7.~~

### ~~CERTIFICATION REQUIREMENTS~~

#### ~~1. APPLICATION~~

~~An application for certification shall be filed on the prescribed forms provided by the Day Care Licensing Office of the Department for Children and Their Families. Proposed assistants and persons to be called upon in an emergency shall also file an application with the Department for their respective child caring duties.~~

#### ~~2. MEDICAL REFERENCE~~

~~At the time of application, the applicant and any proposed assistants shall file a statement from a licensed physician that they have had a medical examination within the past six months, are in good health, and are able to care for children.~~

#### ~~3. CRIMINAL RECORDS AND EMPLOYMENT HISTORY VERIFICATION~~

~~The applicant and any proposed assistants shall file notarized Criminal Records and Employment History Affidavits. In addition, the applicant and assistants shall file evidence of having been fingerprinted by the State Police or local police in accordance with Chapter 40-13.2 of the General Laws of Rhode Island.~~

#### ~~4. SCREENINGS~~

~~Upon receipt of the completed application materials, the Department will screen the applicant and all members of the applicant's household through the Attorney General's Office, Division of Criminal Identification, and through the Master File and the Child Abuse And Neglect Tracking System (CANTS) of the Department for Children and Their Families. Results of the screenings could be grounds for the denial of certification. Proposed assistants and persons identified to be called upon in an emergency will be screened through the Attorney General's Office, Division of Criminal Identification, and through the Master File and the Child Abuse And Neglect Tracking System (CANTS) of the Department for Children and Their Families. Individuals may not be approved as assistants or emergency persons if information is obtained through the screenings showing any one of the following:~~

- ~~1. They have been indicated for child abuse or neglect;~~

~~2.They are the parent of a child who has been adjudicated dependent, wayward, disobedient or Ironically truant;~~

~~3.They have a documented history of chemical or alcohol abuse within the past seven years;~~

~~4.They have been convicted of, or are serving an active probationary sentence for, a criminal offense listed in the Appendix.~~

~~In the event that a proposed assistant or emergency person is denied approval, the individual will be notified in writing and will be entitled to a hearing on the matter in accordance with Department policy. Refer to PROCEDURE FOR HEARING.~~

## ~~5. FIRE AND HEALTH INSPECTIONS~~

~~The applicant's home where the day care will be provided shall be approved by a duly authorized fire inspector as being in compliance with the applicable section of the State Fire Code and by the Health Department as being in compliance with applicable health and safety standards.~~

## ~~6. CERTIFICATION INSPECTION~~

~~Prior to the issuance of certification, an inspection visit will be made to the applicant's home where the day care will be provided in order to determine compliance with the Regulations For Certification.~~

### ~~CERTIFICATION~~

~~Full certification shall be issued upon successful completion of the certification process. The certification shall be valid for a period of two (2) years.~~

### ~~VOLUNTARY CERTIFICATION~~

~~Any person intending to provide care for fewer than four (4) unrelated children for any part of a twenty four (24) hour day may apply to the department for voluntary certification.~~

### ~~VARIANCE~~

~~The Administrator of Licensing may allow a variance to a regulation upon the submission of a written request for such, and supporting documentation as deemed necessary, providing that the variance in no way jeopardizes the health, safety and well-being of the children in care.~~

### ~~GUIDELINES FOR THE REVOCATION OR DENIAL OF CERTIFICATION~~

~~A certification may be denied or revoked for the following reasons:~~

~~G.The provider, assistant(s), or other permanent member of the provider's household has been indicated for child abuse or neglect.~~

~~H.Children in the care of the provider or assistant(s) have been adjudicated dependent, wayward, disobedient or chronically truant.~~

~~I.The provider or assistant(s) has a documented history of chemical or alcohol abuse within the past seven years.~~

~~J.The provider or assistant(s) fails to comply with duly promulgated family day care home regulations.~~

~~K.The provider or assistant(s) fails to cooperate with the department in determining whether regulations have been met.~~

~~L. The provider, assistant(s), or other adult member of the provider's household has been convicted of, or is serving an active probationary sentence for, a criminal offense listed in the Appendix.~~

#### ~~PROCEDURE FOR HEARING~~

~~1. The individual shall receive written notification from the Licensing Administrator of the action to be taken, and the reason for the action, ten (10) days prior to the effective date of the action.~~

~~2. The individual may request a hearing to appeal an action by submitting a written request for such to the Licensing Administrator prior to the effective date of the action.~~

~~3. A hearing shall be scheduled within ten (10) working days of the receipt of such request.~~

~~4. The Divisional Hearing Officer shall notify the individual in writing of his/her decision within five (5) working days following the conclusion of the hearing. Information shall be included on the right to appeal the Divisional decision to the Department Hearing Officer in accordance with the policy entitled COMPLAINTS AND HEARINGS (#007) of the Department for Children and Their Families.~~

#### ~~PROVISIONS OF CERTIFICATION~~

~~1. Certification is issued to a designated individual and is limited to the named location. It is not transferable.~~

~~2. No person may hold a day care certification and a foster care license simultaneously.~~

~~3. Certification entitles the Director of the Department for Children and Their Families or his designee and the Child Advocate or her designee to be given the right of entrance, the privilege to inspect, and access to all records in order to ascertain compliance with regulations and to investigate complaints.~~

~~4. The provider shall notify the Department at least thirty (30) days prior to any change of address.~~

~~5. The provider shall notify the Department immediately of any change in telephone number.~~

#### ~~I. LEGAL AUTHORITY: CHAPTER 72.1 OF THE GENERAL LAWS OF RHODE ISLAND~~

##### ~~72.1: LICENSING AND MONITORING OF CHILD CARE PROVIDERS AND CHILD-PLACING AGENCIES~~

###### ~~Section.~~

~~42-721-1. Statement of purpose.~~

~~42-721-2. Definition of terms.~~

~~42-721-3. Powers and scope of activities.~~

~~42-721-4. License required.~~

~~42-721-5. General licensing provisions.~~

~~42-721-6. Violations, suspensions and revocations of license.~~

~~42-721-7. Penalties for violations.~~

~~42-721-8. Open door policy.~~

~~42-721-1. Statement of purpose.-- The director of the department for children and their families, pursuant to 42-725(8), shall establish within the department a unit to license and monitor child care providers and child-placing agencies, to protect the health, safety and well-being of children temporarily separated from or being cared for away from their natural families. Services for children requiring licensure under this chapter shall include all child care providers and child placing agencies which offer services within the state, except as defined in 4272.1-5 of this chapter.~~

~~42-721-2. Definitions.-- As used in this chapter:~~

~~(1) "Administrator of licensing" means the director of licensing unit (or his/her designee) which carries out the provisions of this chapter, hereafter referred to as administrator.~~

~~(2) "Applicant" means a child-placing agency or child care provider that applies for a license to operate.~~

~~(3) "Child" means any person less than eighteen (18) years of age, provided that a child over eighteen (18) years of age who is nevertheless subject to continuing jurisdiction of the family court, pursuant to chapter 1 of title 14 or defined as emotionally disturbed according to chapter 7 of title 40.1, herein shall be considered a child for purposes of this chapter.~~

~~(4) "Child care provider" means a person or agency which offers residential or nonresidential care and/or treatment for a child outside of his/her natural home.~~

~~(5) "Child-placing agency" shall mean any private or public agency which receives children for placement into independent living arrangements, supervised apartment living, residential group care facilities, family foster homes or adoptive homes.~~

~~(6) "Child day care" means daily care and/or supervision offered commercially to the public for any part of a twenty-four (24) hour day to children away from their homes.~~

~~(7) "Child day care center" means any person, firm, corporation, association or agency who, on a regular or irregular basis, receives any child under the age of sixteen (16) years, for the purpose of care and/or supervision, not in a home or residence, apart from his parent or guardian for any part of a twenty-four (24) hour day irrespective of compensation or reward. It shall include child care programs that are offered to employees at the worksite. It does not include nursery schools or other programs of educational services subject to approval by the commissioner of education.~~

~~(8) "Family day care home" means any home other than the child's home in which child day care in lieu of parental care and/or supervision is offered at the same time to four (4) or more children who are not relatives of the care giver.~~

~~(9) "Department" means the department for children and their families (DCF).~~

~~(10) "Director" means the director of the department for children and their families, or his/her designee.~~

~~(11) "Licensee" means any person, firm, corporation, association or agency which holds a valid license under this chapter.~~

~~(12) "Regulation" means any requirement for licensure, promulgated pursuant to this chapter having the force of law.~~

~~(13) "Related" means any of the following relationships, by marriage, blood or adoption, even following the death or divorce of a natural parent: parent, grandparent, brother, sister, aunt, uncle, and first cousin. In a prosecution under this chapter or of any law relating thereto, a defendant~~

~~who relies for a defense upon the relationship of any child to himself, said defendant shall have the burden of proof as to such relationship.~~

~~(14) "Group family day care home" means a residence occupied by a state certified individual and assisted by a minimum of one (1) state approved assistant. The provider must be at least twenty-one years old and must provide care for not less than nine (9) and not more than twelve (12) children for any part of a twenty-four (24) hour day.~~

#### ~~42-721-3. Powers and scope of activities.~~

~~(1) The department shall issue, deny and revoke licenses for, and monitor the operation of, facilities and programs by child placing agencies and child care providers, as defined in [42-72.1-2].~~

~~(2) The department shall adopt, amend, and rescind regulations in accordance with this chapter and implement its provisions. Such regulations shall be promulgated and become effective in accordance with the provisions of the administrative procedures act.~~

~~(3) The department through its licensing unit shall administer and manage the regulations pertaining to the licensing and monitoring of such agencies, and shall exercise all statutory and administrative powers necessary to carry out its functions.~~

~~(4) The administrator shall investigate complaints of noncompliance, and shall take such licensing action as required.~~

~~(5) Regulations formulated pursuant to the foregoing authority shall include, but need not be limited to, the following:~~

~~(a) financial, administrative and organizational ability, and stability of the applicant;~~

~~(b) compliance with specific fire and safety codes and health regulations;~~

~~(c) character, health suitability, qualifications of child care providers;~~

~~(d) staff/child ratios and workload assignments of staff providing care or supervision to children;~~

~~(e) type and content of records or documents that must be maintained to collect and retain information for planning and caring for children;~~

~~(f) procedures and practices regarding basic child care and placing services to ensure protection to the child regarding the manner and appropriateness of placement;~~

~~(g) service to families of children in care;~~

~~(h) program activities, including components related to physical growth, social, emotional, educational and recreational activities, social services and habilitative or rehabilitative treatment;~~

~~(i) investigation of previous employment, criminal record check and department records check;~~

~~(6) The administrator may:~~

~~(a) prescribe such forms for reports, statements, notices and other documents as are deemed necessary;~~

~~(b) prepare and publish manuals and guides explaining this chapter and the regulations to facilitate compliance with and enforcement of the regulations;~~

~~(c) prepare reports and studies to advance the purpose of this chapter;~~

~~(d) provide consultation and technical assistance, as requested, to assist licensees in maintaining compliance;~~

~~(e) refer to the advisory council for children and families for advice and consultation on licensing matter.~~

#### ~~42-721-4. License required.~~

~~(1) No person shall provide continuing full-time care for a child apart from his parents, or receive or place children in child care services, including day care arrangements, without a license issued pursuant to this chapter. This requirement does not apply to a person related by blood, marriage, guardianship or adoption to the child, unless such arrangement is for purposes of day care.~~

~~(2) The licensing requirement does not apply to shelter operations for parents with children, boarding schools, recreation camps, nursing homes, hospitals, maternity residences and centers for developmentally disabled children.~~

~~(3) No person, no firm, corporation, association, or agency, other than a parent shall place, offer to place, or assist in the placement of a child in Rhode Island, for the purpose of adoption, unless such person, firm, corporation or agency shall have been licensed for such purposes by the department or is a governmental child-placing agency, and such license shall not have been rescinded at the time of placement of a child for the purpose of adoption. The above does not apply when a person, firm, corporation, association or agency places, offers to place, or assists in the placement of a child in Rhode Island, for the purpose of adoption through a child-placement agency duly licensed for child placement in the state of Rhode Island or through the department for children and their families, nor when such child is placed with a father, sister, brother, aunt, uncle, grandparent or stepparent of the child.~~

~~(4) No parent shall assign or otherwise transfer to another not related to him/her by blood or marriage, his/her rights or duties with respect to the permanent care and custody of his/her child under eighteen (18) years of age unless duly authorized so to do by an order or decree of court.~~

~~(5) No person shall bring for the purpose of placing him/her out, or procuring his adoption, or placing him/her in a foster home without obtaining the written consent of the director and such person shall conform to the rules of the director and comply with the provisions of the Interstate Compact on the Placement of Children.~~

~~(6) No person, firm, corporation, association or agency shall operate a family day care home without a registration certificate issued by the department~~

~~(7) No state, county, city or political subdivision shall operate a child placing or child care agency, program or facility without a license issued pursuant to this chapter.~~

~~(8) No person shall be exempt from a required license by reason of public or private, sectarian, non-sectarian, court-operated child placement or child care program, for profit or non-profit status, or by any other reason of funding, sponsorship or affiliation.~~

#### ~~42-721-5. General licensing provisions. -- The following general licensing provisions shall apply:~~

~~(1) A license issued under this chapter is not transferable and applies only to the licensee and the location stated in the application and remains the property of the department. A license shall be publicly displayed. A license shall be valid for one (1) year from the date of issue and upon continuing compliance with the regulations, except that a certificate issued to a family day care home shall be valid for two (2) years from date of issue.~~

~~(2) A licensee shall comply with applicable state fire and health safety standards.~~

~~(3) The department may grant a provisional license to an applicant who is not able to demonstrate compliance with all of the regulations because the program or residence is not in full operation; however, said applicant must meet all regulations that can be met in the opinion of the administrator before the program is fully operational. The provisional license shall be granted for a limited period not to exceed six (6) months and shall be subject to review every three (3) months.~~

~~(4) The department may grant a probationary license to a licensee who is temporarily unable to comply with a rule or rules when the noncompliance does not present an immediate threat to the health and well-being of the children, and when the licensee has obtained a plan approved by the administrator to correct the areas of noncompliance within the probationary period. A probationary license shall be issued for up to twelve (12) months; it may be extended for an additional six (6) months at the discretion of the administrator. A probationary license that staffs the conditions of probation may be issued by the administrator at any time for due cause. Any prior existing license is invalidated when a probationary license is issued. When the probationary license expires, the administrator may reinstate the original license to the end of its term, issue a new license or revoke the license.~~

~~(5) The administrator will establish criteria and procedure for granting variances as part of the regulations.~~

~~(6) The above exceptions (probationary and provisional licensing and variances) do not apply to and shall not be deemed to constitute any variance from state fire and health safety standards.~~

#### ~~42-721-6. Violations, suspensions and revocations of license.~~

~~(1) When a licensee violates the terms of the license, the provisions of this chapter, or any regulation thereunder, the department may pursue the administrative remedies herein provided, in addition to other civil or criminal remedies according to the general laws.~~

~~(2) After notice and hearing, as provided by the administrative procedures act, the administrator may revoke the license, or suspend the license for a period not exceeding six (6) months.~~

~~(3) During a suspension the agency, facility or program shall cease operation.~~

~~(4) To end a suspension, the licensee shall, within thirty (30) days of the notice of suspension submit a plan of corrective action to the administrator. Such plan shall outline the steps and timetables for immediate correction of the areas of noncompliance and is subject to approval of the administrator.~~

~~(5) At the end of the suspension, the administrator may reinstate the license for the term of the original license, revoke the license, issue a new license, or deny a reapplication.~~

~~(6) Upon revocation, the licensed agency, program or facility shall cease operation. The licensee whose license has been revoked may not apply for a similar license within a three (3) year period from the date of revocation.~~

#### ~~42-721-7. Penalties for violations.--~~

~~(1) Any person who violates any of the provisions of this chapter, or any regulations issued pursuant to this chapter, or who shall intentionally make any false statement or reports to the director with reference to the matters contained herein, shall, upon conviction for the first offense, be imprisoned for a term not exceeding six (6) months or be fined not exceeding five hundred dollars (\$500), or both and for a second or subsequent offense, shall be imprisoned for a term not exceeding one (1) year or be fined not exceeding one thousand dollars (\$1000) or both such fine and imprisonment.~~

~~(2) Anyone who maintains or conducts such a program, agency or facility without first having obtained a license as herein provided, or who maintains or conducts such a program, agency or facility after a license has been revoked or suspended or who shall refuse to permit a reasonable inspection and examination of such program, agency or facility, as herein provided, shall be guilty of a misdemeanor and, upon conviction, shall be fined not more than five hundred dollars (\$500) for each week that such program, agency or facility shall have been maintained without a license or for each refusal to permit inspection and examination by the director.~~

~~(3) Any individual firm, corporation or other entity who maintains or conducts a family day care home without first having obtained a registration certificate for the home as provided herein, shall be guilty of a misdemeanor and, upon conviction, shall be fined not less than twenty-five dollars (\$25) nor more than one hundred dollars (\$100) for each week that such home shall have been maintained without a valid registration certificate.~~

~~(4) The department shall refer any such violations to the attorney general's office for prosecution.~~

~~42-721-8. Open door policy. -- There shall be an open door policy permitting any custodial parent or legal guardian to have access to a day care facility for any program when their child is in attendance.~~

## **II. REGULATIONS FOR CERTIFICATION**

### **ONE: NUMBER OF CHILDREN IN CARE AND THEIR SUPERVISION**

~~1. A provider shall care for no more than six (6) children at any given time.~~

~~If a provider cares for children under the age of eighteen (18) months, there shall be no more than four (4) children under the age of six (6) years, and of these four (4) children, no more than two (2) shall be under the age of eighteen (18) months.~~

~~2. A provider who has a full-time assistant shall care for no more than eight (8) children at any given time. Of these eight (8) children, no more than four (4) shall be under the age of eighteen (18) months.~~

~~3. Children under six (6) years of age who live in the home shall be counted in determining the maximum number for certification.~~

~~More than two (2) children under twelve (12) years of age who live in the home and are present for three (3) hours or more during the period that day care is provided shall be counted in determining the maximum number for certification.~~

~~4. The provider shall be on the premises, directly supervising the children, at all times when children are in care.~~

~~If a provider has an approved assistant, the provider may be out of the home up to 20% of their total work week (20% of 40 hours = 8 hours per week), leaving the children under the direct supervision of the assistant. The provider who chooses to use this option shall comply with the adult/child ratios as stated in numbers 1 and 2 of this Standard. If necessary, the provider shall have two (2) approved assistants to meet the required ratios.~~

~~5. The provider shall have a plan for handling emergencies and shall have at least two (2) persons readily available to be called upon for child care assistance in the event of an emergency.~~

~~An emergency is defined as being an unplanned absence from the home because of an illness or accident. It is meant to be of short duration, generally lasting no more than a few hours, but shall not extend beyond three (3) consecutive working days.~~

~~The names of the emergency persons shall be submitted to the Department for screening.~~

~~The provider shall notify the Department of any change in their emergency persons.~~

~~6. The provider shall inform the parents of the children in care of the names of the persons who will be called upon in an emergency, and of the name of any assistant temporarily substituting for the provider.~~

~~7. The provider shall not be engaged in any other employment while children are in his/her care.~~

~~8. The provider shall not have children in care directly following all-night employment.~~

~~9. The provider shall at no time leave a child unsupervised in a crib, infant seat, playpen, or walker.~~

~~10. Adult supervision shall be provided at all times when a child is in a bathtub or shower or is playing in or around water.~~

#### ~~TWO: QUALIFICATIONS OF THE PROVIDER AND ASSISTANT(S)~~

~~1. The provider and assistant(s) shall be at least eighteen (18) years of age.~~

~~2. The provider shall show evidence of having training and/or experience in caring for children under the age of six (6) years.~~

~~Experience in caring for young children shall be verified and may include work experience in pre-school, day care, kindergarten, elementary school, special education, or nursing settings. Parenting shall also be considered qualifying experience with the submission of documentation of at least two (2) years of successful parenting. Documentation shall consist of letters of reference from pediatricians, other health professionals, teachers or neighbors.~~

~~Training in the care of young children shall be verified by the submission of transcripts or certificates.~~

~~3. The provider shall document having completed a minimum of ten (10) hours of training and/or education relevant to the care of young children every two (2) years. This training/education may take a variety of forms including workshops, seminars, presentations, speaking programs, conferences, telecourses, first aid training, college courses, CDA training, or related reading or television programs.~~

~~During the first two (2) years of operation, the provider shall complete some form of initial family day care training which will count towards their on-going training requirements.~~

~~4. The provider, family members and assistant(s), when utilized shall be in good physical, mental and emotional health.~~

~~5. The provider and assistant(s) shall not drink alcoholic beverages or take illegal or tranquilizing drugs while children are in care, nor shall they be in an intoxicated or drugged condition while providing child care.~~

#### ~~THREE: PHYSICAL SPACE AND HOME SAFETY~~

~~1. There shall be sufficient indoor space to allow for thirty-five (35) square feet of space per child in care.~~

~~2. Children shall not be cared for in the cellar or basement area of a home unless there are two (2) exits from the area, one of which shall be a door leading directly to the outside.~~

~~3. The provider shall identify an area or areas for outdoor play which shall be safe, protected and free from hazards such as access to the street, debris, broken glass, peeling paint, tools and construction materials, open drainage ditches, wells, holes and bodies of water.~~

~~Outdoor porches above the first floor shall not be used as play areas unless they are fully enclosed and structurally sound.~~

~~Outdoor play shall be supervised by the provider or assistant(s) at all times.~~

~~4. There shall be a minimum of one toilet and one handwashing sink in the home, located in an area that is readily available to the children in care.~~

~~Training chairs may be used if emptied and sanitized after each use. Training chairs shall not be considered a substitute for the required toilet.~~

~~5. Toilets and training chairs shall be located in rooms separate from those used for cooking and/or eating.~~

~~6. There shall be a diaper changing area which is separate and apart from kitchen counters and dining tables.~~

~~A sink with hot and cold running water for handwashing shall be accessible to the diaper changing area. Hands shall be washed with soap and warm water before and after each diaper change.~~

~~The diaper changing area shall be cleaned and sanitized after each use. A disinfectant solution of ½ cup of bleach to 1 gallon of water shall be kept readily available in a spray bottle for this purpose.~~

~~7. There shall be hot and cold running water available for the care of the children. The home's domestic hot water system at hand washing sinks must be set no higher than 120 degrees F. If the water supply is not from a public source, it shall be tested for potability.~~

~~8. The home shall have a heating system capable of maintaining a minimum temperature of 65 degrees in all areas accessible to the children.~~

~~All heating elements, including hot water pipes and radiators in areas used by children shall be insulated, protected, or barricaded so that they will not be a danger to the children and will not be a fire hazard.~~

~~9. All electrical outlets shall be covered when not in use. Electrical cords shall be taped or fastened so that they are not a hazard to children. Electrical cords shall not be frayed or damaged.~~

~~10. All firearms shall be registered with the appropriate authorities. They shall be stored, unloaded, under lock in a place which is inaccessible to children. Ammunition shall be stored separately under lock.~~

~~11. Swimming pools shall be securely fenced off from the outdoor play area to prevent access by the children.~~

~~All pools, including wading pools, shall only be used under the supervision of the provider or assistant(s).~~

~~Written parental permission shall be obtained by the provider prior to taking a child into a pool.~~

~~12. There shall be a telephone, other than a pay phone in the home. The phone shall be kept in working order and shall be readily available for use in case of an emergency.~~

~~Emergency phone numbers, including 911 or local fire and police departments, emergency room or hospital, family physician and poison center shall be posted in a conspicuous place, adjacent to the phone.~~

~~13. The provider and assistant(s) shall have a basic knowledge of first aid and shall have readily available written instructions relating to first aid and communicable diseases.~~

~~There shall be a First Aid Kit in the home which shall be located out of reach of the children, but shall be readily accessible to the provider and assistant(s) in the event of an emergency. The First Aid Kit shall contain no less than:~~

- ~~a) Two (2) 1" adhesive compresses~~
- ~~b) Two (2) 2" bandage compresses~~
- ~~c) One (1) 3" bandage compress~~
- ~~d) One (1) 4" bandage compress~~
- ~~e) One (1) 3" x 3" plain gauze pad~~
- ~~f) One (1) gauze roller bandage~~
- ~~g) Two (2) plain absorbent gauze - 1/2 sq./yd.~~
- ~~h) Two (2) plain absorbent gauze - 24" x 72"~~
- ~~i) Three (3) triangular bandages - 40"~~
- ~~j) Scissors, tweezers and tapes~~
- ~~k) No drugs or medications shall be included~~

~~14. The provider shall have an emergency plan for the evacuation of the children from the home in case of fire or other disaster. Assistants shall be knowledgeable of this plan. Practice evacuations shall take place once a month.~~

~~15. Drugs and medicines shall be stored in a clean, dry area, out of reach of children and in their original containers. Storage shall be separate from any items which attract children such as food or candy.~~

~~Cleaning materials, detergents, aerosol cans, matches and other substances which could be a danger to children shall be stored out of reach of children, in their original containers, and used in such a way that shall not contaminate play surfaces, food or food preparation areas, or generally constitute a hazard to children.~~

~~Food shall be properly stored and/or refrigerated. Refrigerator temperatures must be ma~~

~~17. Stairways that are used by children shall be well lighted and kept clear of obstructions. In homes where children under three (3) years of age are in care, there shall be a gate which is kept securely fastened at the entry to any stairway accessible to children.~~

~~18. Each room used by children shall have sufficient ventilation and lighting.~~

~~All doors and windows which are used for ventilation shall be securely screened.~~

~~19. There shall not be any peeling or damaged paint of plaster in any area which is accessible to children.~~

~~20. The home shall be maintained in good repair and in a clean, sanitary, hazard-free condition.~~

~~21. Dogs, cats and other pets or domestic animals maintained on the premises shall be kept in a safe and sanitary manner and according to state and local requirements.~~

~~Dogs maintained on the premises shall have up-to-date rabies vaccinations.~~

~~Children shall, according to their ages and functioning levels, be protected from animals which are potentially dangerous to their health or safety.~~

~~\_\_\_\_\_ Animals shall not be abused or threatened in the presence of the children.~~

#### ~~FOUR: HEALTH AND NUTRITION~~

~~1. Prior to admission, or within thirty (30) days thereafter, the provider shall obtain from each parent or guardian evidence that their child:~~

~~☐ has been or is being immunized in accordance with the recommended schedule as set forth in the Immunization Guidelines of the Rhode Island Department of Health against diphtheria, tetanus, pertussis, poliomyelitis, measles (or have had natural measles), mumps and rubella;~~

~~☐ or a certificate from a licensed physician stating that the child is not a fit subject for immunization for medical reasons;~~

~~☐ or a certificate signed by the parent or guardian stating that such immunizations are contrary to his/her beliefs.~~

~~Acceptable evidence for having completed immunizations shall consist of a written record showing the day, month and year of each dose of vaccine administered. This record shall be signed by a physician or his/her designee (the signature of the child's parent is not acceptable). The record may be submitted to the provider by a health care provider, another day care facility or the child's parent/guardian.~~

~~2. Prior to admission, or within sixty (60) days thereafter, the provider shall obtain from each parent or guardian a statement signed by a licensed physician that the child is in good health and indicating any allergies, conditions, or handicaps affecting the child's general health which might require special care.~~

~~3. Prior to admission the provider shall obtain from the parent or guardian of each child, the name, address and telephone number of the child's physician or health care provider. Written parental permission shall be obtained to contact the physician, if necessary, regarding the health of the child.~~

~~4. The provider shall not administer any medication to a child without written parental authorization.~~

~~Prescription medication shall not be administered to a child without the written order of a physician. A labeled prescription bottle with the child's name, current date and dosage shall be considered acceptable.~~

~~Non-prescription medication shall not be administered to a child for longer than one week without the written authorization of a physician.~~

~~The provider shall maintain a written record of every medication administered. This record shall include:~~

~~\_\_\_\_\_ Child's name~~

~~\_\_\_\_\_ Name and dosage of medication administered~~

~~\_\_\_\_\_ Date and time administered~~

~~5. Children exhibiting any of the following symptoms shall be excluded from the day care home until they have been assessed by their physician or health care provider:~~

~~☐ Diarrhea, or when there is an increase in the amount of, or change in the quality of the stool (too loose or watery), due to a confirmed infection; accompanied by evidence of dehydration or fluid loss, such as lack of wet diapers with an infant; accompanied by the presence of blood or mucous in the stools; accompanied by a history of poor fluid intake and/or marked lethargy for 2 or more days; continuing for 3-4 days.~~

~~☐ Exhibiting 2 or more episodes of vomiting~~

~~☐ Difficult or rapid breathing and/or hoarseness of voice.~~

~~☐ Asthmatics with upper respiratory infections~~

~~☐ Yellowish skin or eyes~~

~~☐ Mucous, coughed up, that is foul in odor, yellow or green in color, accompanied by a high fever over 101 degrees f.~~

~~☐ Severe coughing~~

~~☐ Undiagnosed rash~~

~~☐ Sore throat, evidence of ear infection and fever over 101 degrees F.~~

~~☐ Contagious diseases such as chicken pox, measles, impetigo, conjunctivitis and tuberculosis.~~

~~Documentation of the health assessment shall be maintained on file in the child's record. A note signed by the child's parent or guardian which includes the date, time, results of the assessment and name of the health care provider consulted shall be considered acceptable documentation.~~

~~The provider shall not re-admit a child who has been placed on an antibiotic until the child has been on the medication for at least 24 hours. The decision to care for a child who is ill or to re-admit an ill child shall be made by the provider after evaluating the child's history, symptoms and general condition.~~

~~6. When a child with a handicapping condition or special needs is accepted for care, the provider shall obtain from the parent or guardian written recommendations for any specialized care that the child may require. These recommendations shall come from or be endorsed by the child's physician or other authorized professional who has evaluated or treated the child.~~

~~Child care provided to children with special needs shall be in accordance with the child's Individualized Educational Plan (IEP) or the Individualized Family Service Plan (IFSP).~~

~~7. The provider shall notify all parents whenever a reportable communicable disease has been introduced into the home. Questions about such diseases shall be directed to the Division of Disease Control, R.I. Department of Health.~~

~~8. The provider shall notify the parent or guardian immediately when a child becomes ill while in care.~~

~~The provider shall furnish special care for an ill child, including comfortable resting space in a quiet area away from other children, but within easy calling distance of the provider.~~

~~9. The provider shall have on file for each child in care an Emergency Treatment form signed by the parent or guardian. This form shall only be used in the event of an emergency when the parent cannot be reached.~~

~~10. The provider shall serve nutritional mid-morning and mid-afternoon snacks to the children in care.~~

~~Nutritional meals, in addition to snacks, shall be served to children in care over meal times.~~

~~11. The provider shall have drinking water readily available to the children during the time that they are in care.~~

#### ~~FIVE: ACTIVITIES, MATERIALS AND EQUIPMENT~~

~~1. The provider shall spend a substantial portion of each day directly involved in activities that center around the developmental needs, interests and strengths of the children in care. The focus shall be toward child-centered, child-directed and provider-supported play activities.~~

~~2. The learning environment in the home shall be designed to provide the children with opportunities to learn through active exploring, interacting with other children and adults, and with the materials provided.~~

~~3. The daily routine shall include all of the following:~~

~~☐ Active and quiet play~~

~~☐ Indoor and outdoor play as weather permits~~

~~☐ Health routines such as toileting, handwashing, toothbrushing, resting or sleeping and eating~~

~~4. The provider shall have available a variety of equipment and materials which are appropriate to the age and developmental level of the children served for indoor and outdoor play.~~

~~All equipment and materials shall be free from hazards such as lead paint, protruding nails or rust which may be dangerous to children and shall be kept clean and in good repair.~~

~~Infants and toddlers shall be protected from objects which could be swallowed.~~

~~Toys that explode or shoot, such as caps, guns and darts shall not be allowed~~

~~Balloons shall only be allowed for special occasions such as birthdays and their use shall be under close adult supervision.~~

~~All outdoor sandboxes shall be kept covered when not in use.~~

~~All equipment used for child care which is covered by federal regulations shall meet such regulations.~~

~~5. The provider shall give consistent and timely attention to the physical and nutritional needs of the children. This shall include attention to diapering, washing, the use of weather-appropriate clothing and the supervision of nutritional food and drink.~~

#### ~~SIX: DISCIPLINE~~

~~1. The provider shall be a positive role model for the children in care.~~

~~The provider shall use positive methods in guiding children back on task, shall encourage appropriate behavior and set clear limits and rules that children can understand.~~

~~The provider shall match his/her expectations with the children's developing abilities and capabilities.~~

~~The provider shall praise the children's accomplishments as well as their attempts at tasks.~~

~~The provider shall use positive, firm limit setting in situations where a child's safety is at stake.~~

~~The provider shall assist children by redirecting them from inappropriate actions to activities that are more favorable.~~

~~2. The provider and assistant(s) shall not hit the children or engage in any form of corporal punishment.~~

~~Children shall not be subjected to cruel or severe punishment, humiliation or verbal abuse.~~

~~\_\_\_\_\_ Children shall not be deprived of meals or snacks as a form of discipline.~~

~~\_\_\_\_\_ Children shall not be punished for soiling, wetting or not using the toilet.~~

~~3. The provider and/or assistant(s) shall report any cases, or suspected cases, of child abuse and/or neglect to the Department for Children, Youth and their Families (1-800-RI-CHILD) in accordance with state law.~~

#### **SEVEN: ADMINISTRATION**

~~1. Prior to the admission of a child, the provider shall obtain in writing from the parent or guardian the following information:~~

~~☐ the child's full name, address and verified date of birth~~

~~☐ the name, address and phone number of the parent or guardian~~

~~☐ the address and phone number where the parent or guardian can be reached during the hours that the child is in care~~

~~☐ the names, addresses and phone numbers of two relatives or friends who can be contacted in an emergency if the parent or guardian cannot be reached~~

~~☐ permission for the provider to act in an emergency (Refer to, **FOUR: HEALTH AND NUTRITION**, No. 9, page 20)~~

~~☐ the names and addresses of all persons who are authorized to take the child from the day care home, including any pertinent custody information~~

~~☐ the child's eating and sleeping habits, food preferences, allergies and any special medical or emotional problems.~~

~~☐ the name, address and phone number of the child's physician or health care provider and permission to contact said physician or health care provider (Refer to, **FOUR: HEALTH AND NUTRITION**, No. 3, page 18)~~

~~☐ the name of any health insurance plan and policy number under which the child is covered.~~

~~2. The provider shall obtain written permission from the parent or guardian to take the child off the premises of the day care home. Such permission shall be obtained prior to the activity.~~

~~3. Transportation of the children by the provider and/or the assistant(s), including requirements for child restraint systems, shall follow the state laws and regulations of the RI Department of Transportation, Registry of Motor Vehicles and be covered by liability insurance.~~

~~Children shall not be left unattended in a vehicle~~

~~Station wagon tailgates and rear windows shall be kept closed at all times when children are being transported.~~

~~4. The provider shall not release a child to any parent, guardian, or other person who appears to be under the influence of alcohol or drugs when that person is going to be transporting the child.~~

~~5. The provider shall maintain a file for each child in care. The file shall contain all information gathered on the child, including medical forms, emergency treatment forms, parental agreement and permission forms, etc. Files for all children in care shall be kept together in a place where they are readily accessible.~~

~~6. All information about a child in care shall be kept confidential and shall not be released to any person without the written permission of the parent or guardian.~~

~~7. The provider shall keep a written record of accidents and illnesses that occur while the children are in care.~~

~~The provider shall notify the parent or guardian immediately in the event of an accident or other emergency requiring the child to have medical attention.~~

~~The provider shall notify the parent or guardian of any accidents occurring while the child is in care. Notification shall be given on the same day that the accident occurs.~~

~~8. The provider shall post the Family Day Care Certification in a prominent place in the home where it is visible to parents.~~

~~The provider shall make Regulations for Family Day Care Homes available to prospective parents and the parents of the children in care.~~

~~9. The provider shall allow Department representatives and the Child Advocate and/or designee entrance into the home at any time that child care is being provided. The Department representative and the Child Advocate and/or her designee shall be allowed to inspect the home to determine compliance with the Regulations and shall be allowed access to all records kept by the provider related to compliance with the Regulations for Certification.~~

~~10. The provider shall not discriminate in providing child care on the basis of race, religion, cultural heritage, sex, handicap or marital status of the parent.~~

~~11. The provider shall not advertise as a day care center, nursery school, pre-school, or group day care home.~~